Open Solicitation #1048537
Clinical Laboratory Services for Cervical Cancer and Breast Cancer Screening and Diagnosis
Women's Cancer Control Program (WCCP)
Montgomery County Rates
Effective July 1, 2021

Breast Laboratory Codes

CPT Codes	Description	County Rates *
88305	Surgical Pathology Gross and microscopic examination Global Technical Component (TC) Interpretation (26)	 $67.05 $29.97 $37.09
88307	Surgical Pathology Gross and microscopic examination, requiring microscopic evaluation of surgical margins Global Technical Component (TC) Interpretation (26)	 $235.18 $162.63 $72.55
88172	Cytopathology, evaluation of fine needle aspirate Immediate cytohistological study, first evaluation Global Technical Component (TC) Interpretation (26)	 $48.95 $17.31 $31.64
88173	Cytopathology, evaluation of fine needle aspirate Interpretation and report Global Technical Component (TC) Interpretation (26)	 $132.95 $71.33 $61.62
88177	Cytopathology, evaluation of fine needle aspirate Immediate cytohistological study to determine adequacy of specimen, each separate additional evaluation episode Global Technical Component (TC) Interpretation (26)	 $25.54 $6.27 $19.27

Global = 26 + TC
Professional Component (26)
Technical Component (TC)

Modifier 50 is used to report bilateral procedures that are performed during the same operative session by the same physician in either separate operative areas (e.g. hands, feet. legs, arms, ears), or one (same) operative area (e.g. nose, eyes, breasts). Payment for a bilateral procedure reported appropriately with modifier -50 is based on the lower of the amount billed or 150% of the listed fee for the procedure.

Modifier 51 may also be used when multiple procedures are performed at the same session or when surgical and medical procedures are performed together. Modifier -51 is used to identify the second and subsequent procedures. Procedures identified as "Add-on" or ·-51-exempt" should not be reported using the modifier - 51. They are paid at 100% of the listed fee for the procedure and are not subject to the multiple surgery reduction.

Modifiers 80, 81, and 82 appended to a service to indicate when assistant-at surgery services are provided by a physician. Non-physician providers assisting with surgery should append modifier AS. Use either modifier -80, assistant surgeon, or modifier -82, assistant surgeon (when qualified resident surgeon is not available), to report surgical procedures with an assistant surgeon. Payment for assistant surgeon services will be 20% of the fee for the surgical procedure.

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Cervical Laboratory Codes

CPT Codes	Description	County Rates *
87624	Human Papillomavirus (HPV) High-risk types	$35.09
87625	Human Papillomavirus (HPV) types 16 and 18 only	$40.55
88141	Cytopathology, Cervical or Vaginal Any reporting system, *requiring* interpretation by physician	$25.54
88142	Cytopathology (liquid-based Pap test), Cervical or Vaginal Collected in preservative fluid, automated thin layer preparation; manual screening under Physician supervision	$20.26
88143	Cytopathology, Cervical or Vaginal Collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	$23.04
88164	Cytopathology (conventional Pap test), Slides, Cervical, or Vaginal Reported in Bethesda System, manual screening under physician supervision	$15.15
88165	Cytopathology (conventional Pap test), Slides, Cervical, or Vaginal Reported in Bethesda System, manual screening and rescreening under physician supervision	$42.22
88174	Cytopathology, Cervical or Vaginal Collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	$25.37
88175	Cytopathology, Cervical or Vaginal Collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	$26.61
88305	Surgical Pathology Gross and microscopic examination *(Colposcopy=Medicare Rate, Diagnostic LEEP=MMA Rate)* Global Technical Component (TC) Interpretation (26)	 $83.69 $41.85 $41.84
88307	Surgical Pathology Gross and microscopic examination, requiring microscopic evaluation of surgical margins Global Technical Component (TC) Interpretation (26)	 $235.18 $162.63 $72.55
88331	Pathology Consult during Surgery First tissue block, with frozen section(s) single specimen Global Technical Component (TC) Interpretation (26)	 $84.05 $29.23 $54.82

88332	Pathology Consult during Surgery First tissue block, with frozen section(s), each additional specimen Global Technical Component (TC) Interpretation (26)	 $46.27 $19.19 $27.08
88341	Immunohistochemistry or Immunocytochemistry Per specimen, each additional single antibody stain procedure (list separately in addition to code for primary procedure) *(Colposcopy=Medicare Rate, Diagnostic LEEP=MMA Rate)* Global Technical Component (TC) Interpretation (26)	 $112.48 $80.65 $31.83
88342	Immunohistochemistry or Immunocytochemistry Per specimen, initial single antibody stain procedure *(Colposcopy=Medicare Rate, Diagnostic LEEP=MMA Rate)* Global Technical Component (TC) Interpretation (26)	 $126.70 $87.57 $39.13

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Professional Component (26)
Technical Component (TC)

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